Medical Marijuana Distribution Supplemental Information

 Which business types, in addition (Check all that apply) 	on to distribution, will be operating out of the pr	oposed facility?
☐ Cultivation		
☐ Manufacturing		
•	ting other businesses products besides your o	wn?
□ Yes		
□ No		
3. Will you be operating a storage	only business?	
□ Yes	·	
□ No		
4. How large is the facility where p	roducts will be stored?	
g , .		
square	feet	
5. How many vehicles do you anti	cipate transporting/distributing product?	
□ 1-5		
□ 6-10		
□ 11+		
□ N/A – Storage Only/Other	er	
CERTIFICATION	N OF LABORATORY TESTING FOR DISTRIE	BUTORS
	, certify that my medical mariju	
Applicant (Corporation/LLC/Partnership	/Sole Owner)	
•	ons regarding medical marijuana testing for co	•
	atory implementation of the Medicinal and Adu	•
•	end all medical marijuana products distributed	
	liance with Section 5.90.0120 of the Long B	•
•	be batch tested by an ISO 17025 certified	• • • • • • • • • • • • • • • • • • • •
	the International Laboratory Accreditation Coo	peration Mutual Recognition
Arrangement.		
(Signature of Owner/Management Employee	e) (Printed Name & Title)	(Date)
Congrictate of Owner/Management Employee	(Fillinea Name & File)	(Date)
(Signature of Owner/Management Employee	e) (Printed Name & Title)	(Date)
(Signature of Owner/Management Employee	e) (Printed Name & Title)	(Date)